U.S. Pa Under the Paperwork Reduction Act of 1995, no persons are required to respond to a colk PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						on of information unless it displays a valid OMB control number			
ı	APPLICATION	ON AS	FILED - PAR	T 1		-1	3//	121.	
			(Column 1)	(Column 2)	SMALL	ENTITY	OR	OTHE	R THAN LENTITY
BASIC FEE	FOR	- '	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (S)	7	RATE (S)	
37 CFR 1 16(a), (I						150		RATE (3)	300
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07 CFR 1.16(0), (p), or (q))		<u> </u>			100	1		200
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7 CFR 1.16(h))		If the s	Decilication and do	I V	X\$100		7 ***	X\$200 .	
PPLICATION SIZE EE CFR (.16(s))		\$250 (: 50 she	Of Dancer the acordi	ation size fee due is a large fe					
ULTIPLE DEPENDENT CLAIM P		PRESEN	IT (37 CFR 1.16)	(j))	180			2.17	9.44.
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					TOTAL			TOTAL	900
			NDED - PAR (Column 2) HIGHEST NUMBER	(Column 3) PRESENT	SMALL EN	ADOI-	OR.	OTHER SMALL E	THAN
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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1, 16(j))

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1 16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

N/A

TOTAL

ADD'T FEE

OR

OR

N/A

TOTAL

ADD'T FEE

[&]quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "F"